

SEAFORD DEPARTMENT OF PARKS & RECREATION

Registration For All _____ S.D.P.R. Activities Date: _____
Registrant's Name _____ Birthdate: _____
Home Address: _____ Home Phone: _____
Employment (Parent's if under 18) _____ Bus. Phone: _____

EMERGENCY TREATMENT DATA

If family cannot be reached, call: _____ Phone: _____ (days)
(relative if possible)
Name of Family Doctor: _____ Phone: _____ (evenings)
Medical Insurance Plan: _____ Policy #: _____

REGISTRANT IS SUBJECT TO:

☐ Heart Trouble ☐ Epilepsy ☐ Diabetes ☐ Other _____

REGISTRANT IS ALLERGIC TO:

☐ Morphine ☐ Penicillin ☐ Sulfa Drugs ☐ Aspirin ☐ Other _____

LIABILITY STATEMENT

I affirm that the information on this statement is true and that I know of no reason, health or otherwise, why participation (if 18 years of age or older), or my child's participation (if under 18 years of age), should be restricted from any S.D.P.R. Program. I agree to hold S.D.P.R., their officials, directors, and employees harmless for any action.

Registrant's Signature
(Parent or Legal Guardian if under 18)

Date

IF REGISTRANT IS UNDER 18 YEARS OF AGE, THE FOLLOWING STATEMENT MUST BE FILLED OUT:

PARENTAL PERMISSION STATEMENT

I/We, the undersigned, parents or legal guardian of _____, grant permission from him/her to participate in any S.D.P.R. sponsored program. Such permission will continue in full force and effect so long as our child is in this program, or until withdrawn in writing by the undersigned. We agree to hold S.D.P.R., their officials, directors and employees harmless for any action.

In the case of an accident or illness, we request that S.D.P.R. contact us. If S.D.P.R. is unable to reach us, we hereby authorize and request S.D.P.R. to call the person designated on this form. Should there arise a pressing necessity for medical aid, we authorize S.D.P.R., its officials, directors and/or employees, to transport or to have my child transported to the nearest medical facility.

Parent or Legal Guardian's Signature
Date: _____

Witness